

CLAIMS ONLY

Application Number	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
①	1					
2						
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Total Indep	8					
Total Depend	8					
Total Claims	9					

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						